

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 990 / 1408

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. MUHAMMAD A. SHAHZAD

Mailing Address 1S055 SUMMIT AVENUE

City

OAKBROOK TERRACE

State

IL

Zip Code

60181-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 7 / 2 0 0 9

Transaction ID: SA11.13073300

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NABEEL K. SHALAN

Mailing Address 3375 WESTPARK DR  
454

City

HOUSTON

State

TX

Zip Code

77005-4262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: SA11.13068087

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ALI M. SHAMIE

Mailing Address 2810 E DEL MAR BOULEVARD SUITE 3

City

PASADENA

State

CA

Zip Code

91107-4322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: SA11.13068842

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....